

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32195

State File No.

ED OCT 13 1943

Registration District No. 45

Primary Registration District No. 3047

Registrar's No. 90

1. PLACE OF DEATH
(a) County NEOSHO
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SALE BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME CHARLIE LAFLE
3. (b) If veteran, name war No.
3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jane Atchison
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 26 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 2 hr. min.

9. Birthplace NORTH CAROLINA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name CHAS LAFLE
13. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)
14. Maiden name JANE PECK
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant H.E. Worley

(b) Address Grove Okla

17. (a) Removal (b) Date thereof 9/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stella Mo.

18. (a) Signature of funeral director H.E. Worley

(b) Address Grove Okla

19. (a) 9-28-1943 (b) Barney Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State OKLAHOMA (b) County DELAWARE 999
(c) City or town GROVE
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1943 hour 1:10 minute a. M.

21. I hereby certify that I attended the deceased from Sept 26 1943 to Sept 28 1943
that I last saw him alive on Sept 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Right Side

Due to

Due to Arteriosclerosis and
Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul A. Sale M.D. (M. D. or other)

Address Neosho Mo Date signed 9/28/43

RECEIVED

10-7-43
District Health Officer No. _____
District File Number: 1043-187
Date Filed: 10-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.